Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL011236 02/17/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **136 CENTER AVENUE SOUNDVIEW FAMILY CARE HOMES - UNIT I BLACK MOUNTAIN, NC 28711** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C100 C 000 Initial Comments C 000 Radiation dampers 4/2/16 installed on the HVAC Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on January 17, 2016 from 12:30 pm until system. 2:00 pm at the above referenced facility. DHSR Future modifications
will be made in
will be made in
consultation with the
construction section to
ensure they meet the
requirements of section
.0300. records indicate the home was first licensed on February 14, 1995 as a Family Care Home for six (6) Residents with no more than three (3) who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1991 (95 Rev) North Carolina State Building Code - Section 514.2 -Residential Care Facilities. At the time of our survey, no deficiencies were cited, therefore no further action is required. C 100 New Construction, Modifications C 100 SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (1) New construction and existing buildings proposed for use as a Family Care Home shall comply with the requirements of this Section; (3) New additions, alterations, modifications and repairs shall meet the requirements of this Section:

Division of Health Service Regulation

LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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3/16/2016

PRINTED: 03/07/2016 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING FCL011236 02/17/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **136 CENTER AVENUE SOUNDVIEW FAMILY CARE HOMES - UNIT I BLACK MOUNTAIN, NC 28711** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C172)
1. Gutter scheduled for 4/2/16
repair.
Semi-annual inspections
of the exterior of the C 100 Continued From page 1 C 100 This Rule is not met as evidenced by: Observations revealed that the heating and air conditioning system has been replaced. The system does not have the required radiation dampers and does not meet the one hour fire rating required by a facility licensed for up to three non- ambulatory residents. Therefore, you have home will be conducted two options. in October and April.
Repairs will be completed within 30 days. 1. Consult with your local building official, and have a qualified technician install radiation dampers on the HVAC system to meet the one hour rating requirement. Provide copies of all permits and approvals to the DHSR Construction 2. Facia around windows
pourited.

Semi-annual inspections
of the exterior of the Section. 2. Submit an application to have your license amended to six all ambulatory clients to the DHSR Licensure Section. Provide copies to the DHSR Construction Section when this is complete. home will be conducted in October and April.
Repairs will be completed within 30 days. C 174 Building Equipment Maintained Safe, Operating C 174 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE **EQUIPMENT** (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.

family care homes.

(j) This Rule shall apply to new and existing

This Rule is not met as evidenced by: 1. Observations revealed that the gutter is damaged on the left front of the building. Have a qualified individual repair or replace the damaged

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Division of Health Service Regulation					
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED
		FCL011236	B. WING		02/17/2016
					02/11/2010
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
SOUNDVIEW FAMILY CARE HOMES - UNIT I					
BLACK MOUNTAIN, NC 28711					
(X4) ID		TEMENT OF DEFICIENCIES	. ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	
IAG	TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			DEFICIENCY)	FRIATE BATE
C 174	Continued From pa	ige 2	C 174		
	gutter. Provide photo documentation when the				
	repair is complete.				
	•				
	 Observations revealed that the fascia and some of the windows are peeling. Have a qualified technician paint the affected areas. Provide photo documentation to the DHSR Construction Section when this repair is 				
					•
	complete.				

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